



CARO REGION

WHOLE HEALTH WEDNESDAY REQUISITION FORM

P.O. Box 435 • 401 N. Hooper • Caro, MI 48723 • (989) 673-3141

3RD WEDNESDAY OF EVERY MONTH ~ CASH ONLY, INSURANCE NOT BILLED

Patient Name _____ DOB _____ Order Date _____

Ordering Provider _____ Provider Signature _____

This requisition is only for the tests listed below. No additional tests can be added.

LABORATORY

- | | |
|---|--|
| <input type="checkbox"/> CBC \$15 | <input type="checkbox"/> Free T4 \$15 |
| <input type="checkbox"/> Basic Metabolic* \$25 | <input type="checkbox"/> Hemoglobin A1C \$15 |
| <input type="checkbox"/> Comprehensive Metabolic* \$40 | <input type="checkbox"/> Vitamin D \$15 |
| <input type="checkbox"/> Lipid Panel* \$20 | <input type="checkbox"/> PSA \$15 |
| <input type="checkbox"/> Thyroid Stimulating Hormone \$15 | |

**12 Hour Fast Required (except for water)*

RADIOLOGY

- Whole Body Scan**\$30 each or 3 for \$75

PHYSICAL THERAPY

- Physical Therapy Consult** FREE

***must call (989) 672-5111 to schedule*

FORM: REG 20 REV: 9-6-18



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